

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage

# Medicare Advantage Cost Plans and Demonstrations

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## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Adams	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Adams	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Adams	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Adams	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Adams	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Adams	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Adams	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Adams	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Adams	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Adams	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Adams	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Adams	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Adams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Adams	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Adams	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Adams	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Adams	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Adams	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Alexander	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Alexander	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Alexander	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Alexander	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Alexander	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Alexander	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Alexander	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Alexander	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Alexander	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Alexander	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Alexander	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Alexander	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Alexander	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Alexander	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Alexander	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Bond	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Bond	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Bond	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Bond	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Bond	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Bond	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Bond	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Bond	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bond	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Bond	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Bond	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Bond	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Bond	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Boone	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Boone	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Boone	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Boone	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

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\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Boone	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Boone	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Boone	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Boone	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Boone	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Boone	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Boone	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Boone	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Boone	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Boone	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Boone	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Boone	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Boone	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Boone	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Boone	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Boone	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Boone	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Boone	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Boone	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Boone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Boone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Boone	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Boone	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Brown	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Brown	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Brown	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Brown	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Brown	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Brown	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Brown	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Brown	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Brown	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Brown	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Brown	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Brown	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Brown	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Brown	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Brown	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Brown	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Brown	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Brown	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Brown	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Brown	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					

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Brown	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Brown	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Bureau	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Bureau	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Bureau	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Bureau	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Bureau	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Bureau	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Bureau	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Bureau	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Bureau	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Bureau	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Bureau	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Bureau	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Bureau	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Bureau	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Bureau	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Bureau	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Bureau	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Bureau	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bureau	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Bureau	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Bureau	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Bureau	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Bureau	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Bureau	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Bureau	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Bureau	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Bureau	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Calhoun	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Calhoun	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Calhoun	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Calhoun	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Calhoun	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Calhoun	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Calhoun	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Calhoun	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Calhoun	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Calhoun	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Calhoun	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Calhoun	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Calhoun	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Carroll	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					

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Carroll	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Carroll	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Carroll	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Carroll	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Carroll	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Carroll	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Carroll	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Carroll	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Carroll	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Carroll	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Carroll	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Carroll	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Carroll	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Carroll	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Carroll	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Carroll	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Carroll	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Carroll	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Carroll	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Carroll	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Carroll	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Cass	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cass	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cass	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
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Cass	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Cass	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Cass	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Cass	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cass	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cass	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Cass	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Cass	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Cass	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Cass	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Cass	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Cass	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Cass	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Cass	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cass	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Cass	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Cass	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Cass	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Cass	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cass	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Champaign	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Champaign	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Champaign	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
Champaign	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Champaign	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
Champaign	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Champaign	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
Champaign	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Champaign	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Champaign	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Champaign	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
Champaign	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
Champaign	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Champaign	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Champaign	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Champaign	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Champaign	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Champaign	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Champaign	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Champaign	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Champaign	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Champaign	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Champaign	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Champaign	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Champaign	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Champaign	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Champaign	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Champaign	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Champaign	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Champaign	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Champaign	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Champaign	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Champaign	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Champaign	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Christian	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Christian	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Christian	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Christian	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Christian	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Christian	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Christian	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Christian	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Christian	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Christian	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•



## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Christian	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Christian	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Christian	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Christian	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Christian	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Christian	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Christian	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Clark	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Clark	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Clark	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Clark	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Clark	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Clark	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Clark	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clark	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Clark	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Clark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Clark	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Clark	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Clark	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clark	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Clark	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Clark	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Clark	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Clark	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Clark	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Clark	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Clark	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Clark	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Clay	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Clay	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Clay	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Clay	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clay	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Clay	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Clay	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Clay	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Clay	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Clay	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Clinton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Clinton	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Clinton	Humana Insurance Company	Humana Gold Choice PFFS H1804-138 (H1804-138)	PFFS	\$39.00	\$25.40	\$0	Enhanced		•
Clinton	Humana Insurance Company	Humana Gold Choice PFFS H1804-200 (H1804-200)	PFFS	\$59.00	\$26.40	\$0	Enhanced		•
Clinton	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Clinton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Clinton	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Clinton	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Clinton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clinton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clinton	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Clinton	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Clinton	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Clinton	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Clinton	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Clinton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Clinton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Clinton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Clinton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Coles	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Coles	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
Coles	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Coles	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
Coles	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Coles	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
Coles	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Coles	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Coles	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Coles	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
Coles	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
Coles	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Coles	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Coles	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Coles	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Coles	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Coles	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Coles	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Coles	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Coles	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Coles	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Coles	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Coles	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Coles	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Coles	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Cook	Aetna Medicare	Aetna Golden Medicare Value Plan (H1419-001)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Cook	Aetna Medicare	Aetna Golden Medicare Special Plan (H1419-004)	Local HMO	\$15.00	\$15.00	\$0	Basic		•
Cook	Aetna Medicare	Aetna Golden Medicare Standard Plan (H1419-002)	Local HMO	\$33.00	\$33.00	\$0	Enhanced	Generics	•
Cook	Aetna Medicare	Aetna Golden Choice Standard Plan (H1420-001)	Local PPO	\$58.00	\$18.80	\$0	Basic		•
Cook	Aetna Medicare	Aetna Golden Medicare Premier Plan (H1419-003)	Local HMO	\$68.00	\$40.50	\$0	Enhanced	Generics	•
Cook	Aetna Medicare	Aetna Golden Choice Premier Plan (H1420-002)	Local PPO	\$133.00	\$53.00	\$0	Enhanced	Generics	•
Cook	HealthSpring, Inc.	HealthSpring Advantage (H1415-013)	Local HMO *	\$0.00					
Cook	HealthSpring, Inc.	HealthSpring Advantage Basic (H1415-012)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Cook	HealthSpring, Inc.	HealthSpring Advantage PremieRx (H1415-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Cook	Humana Health Plan, Inc.	Humana Gold Plus HMO H1406-013 (H1406-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Cook	Humana Health Plan, Inc.	Humana Gold Plus HMO H1406-006 (H1406-006)	Local HMO	\$99.00	\$27.80	\$0	Enhanced		•
Cook	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					



## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cook	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Cook	Humana Insurance Company	HumanaChoicePPO PPO H1418-002 (H1418-002)	Local PPO	\$99.00	\$25.70	\$0	Enhanced		•
Cook	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Cook	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Cook	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Cook	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cook	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cook	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Cook	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Cook	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Cook	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Cook	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cook	WellCare	WellCare Choice (H1416-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Cook	WellCare	WellCare Value (H1416-009)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Crawford	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Crawford	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Crawford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Crawford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Crawford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Crawford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Crawford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Crawford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Crawford	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Crawford	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Crawford	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Crawford	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Crawford	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Crawford	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Crawford	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Crawford	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Crawford	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Crawford	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Crawford	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Crawford	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Crawford	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Crawford	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Crawford	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Crawford	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Crawford	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cumberland	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Cumberland	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Cumberland	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Cumberland	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Cumberland	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Cumberland	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Cumberland	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Cumberland	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cumberland	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Cumberland	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cumberland	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cumberland	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Cumberland	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Cumberland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cumberland	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Cumberland	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Cumberland	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Cumberland	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Cumberland	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
De Witt	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
De Witt	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
De Witt	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
De Witt	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
De Witt	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
De Witt	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
De Witt	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
De Witt	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
De Witt	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
De Witt	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
De Witt	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
De Witt	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
De Witt	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
De Witt	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
De Witt	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
De Witt	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
De Witt	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
De Witt	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
De Witt	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
De Witt	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
De Witt	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
De Witt	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
De Witt	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
De Witt	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
De Witt	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
De Witt	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
De Witt	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
De Witt	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
DeKalb	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
DeKalb	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
DeKalb	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
DeKalb	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
DeKalb	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
DeKalb	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
DeKalb	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
DeKalb	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
DeKalb	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
DeKalb	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
DeKalb	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
DeKalb	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
DeKalb	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
DeKalb	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
DeKalb	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
DeKalb	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
DeKalb	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
DeKalb	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Douglas	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Douglas	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Douglas	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
Douglas	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Douglas	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
Douglas	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Douglas	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
Douglas	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Douglas	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Douglas	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Douglas	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
Douglas	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
Douglas	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Douglas	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Douglas	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Douglas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Douglas	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Douglas	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Douglas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Douglas	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Douglas	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Douglas	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Douglas	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Douglas	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Douglas	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Douglas	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Douglas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Douglas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Douglas	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Douglas	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
DuPage	Aetna Medicare	Aetna Medicare Open Standard Plan (H5736-007)	PFFS	\$103.00	\$27.00	\$0	Enhanced	Generics	•
DuPage	Aetna Medicare	Aetna Medicare Open Premier Plan (H5736-008)	PFFS	\$163.00	\$61.20	\$0	Enhanced	Generics	•
DuPage	HealthSpring, Inc.	HealthSpring Advantage (H1415-009)	Local HMO *	\$0.00					
DuPage	HealthSpring, Inc.	HealthSpring Advantage Basic (H1415-014)	Local HMO	\$0.00	\$0.00	\$265	Basic		
DuPage	HealthSpring, Inc.	HealthSpring Advantage PremierRx (H1415-004)	Local HMO	\$16.70	\$16.70	\$0	Enhanced	Generics	•
DuPage	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
DuPage	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
DuPage	Humana Insurance Company	HumanaChoicePPO PPO H1418-002 (H1418-002)	Local PPO	\$99.00	\$25.70	\$0	Enhanced		•
DuPage	Humana Insurance Company	Humana Gold Choice PFFS H1407-001 (H1407-001)	PFFS	\$149.00	\$27.50	\$0	Enhanced		•
DuPage	Humana Insurance Company	Humana Gold Choice PFFS H1407-003 (H1407-003)	PFFS	\$179.00	\$28.30	\$0	Enhanced		•
DuPage	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
DuPage	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
DuPage	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
DuPage	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
DuPage	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
DuPage	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
DuPage	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
DuPage	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
DuPage	United HealthCare Insurance Company	Erickson Advantage Signature without Drugs (H3435-002)	Demo *	\$90.00					
DuPage	United HealthCare Insurance Company	Erickson Advantage Signature with Drugs (H3435-001)	Demo	\$126.00	\$18.80	\$0	Enhanced		•
Edgar	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Edgar	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Edgar	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Edgar	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Edgar	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Edgar	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Edgar	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Edgar	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Edgar	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Edgar	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Edgar	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Edgar	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Edgar	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Edgar	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Edgar	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Edgar	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Edgar	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Edgar	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Edgar	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Edgar	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Edgar	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Edgar	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Edgar	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Edgar	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Edgar	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Edwards	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Edwards	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Edwards	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Edwards	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Edwards	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Edwards	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Edwards	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Edwards	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Edwards	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Edwards	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Edwards	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Edwards	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Edwards	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Edwards	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Edwards	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Edwards	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Edwards	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Edwards	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Edwards	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Effingham	Avantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Effingham	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Effingham	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Effingham	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Effingham	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Effingham	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Effingham	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Effingham	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Effingham	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Effingham	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Effingham	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Effingham	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Effingham	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Effingham	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Effingham	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Effingham	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Effingham	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Effingham	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Effingham	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Fayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Fayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Fayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Fayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Fayette	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Fayette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fayette	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Fayette	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Fayette	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Fayette	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Fayette	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Ford	Avantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Ford	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
Ford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Ford	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
Ford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Ford	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
Ford	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Ford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Ford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Ford	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
Ford	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
Ford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•



## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Ford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Ford	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ford	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Ford	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ford	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Ford	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Ford	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Ford	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Ford	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Ford	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ford	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Ford	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Ford	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Ford	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Ford	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Ford	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Ford	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Ford	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Ford	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Franklin	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Franklin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Franklin	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Franklin	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Franklin	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Franklin	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Franklin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Fulton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Fulton	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Fulton	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Fulton	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Fulton	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Fulton	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Fulton	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Fulton	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Fulton	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Fulton	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Fulton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Fulton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fulton	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Fulton	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Fulton	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Fulton	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Fulton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Gallatin	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gallatin	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Gallatin	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Gallatin	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Gallatin	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Gallatin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gallatin	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Gallatin	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Gallatin	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Gallatin	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Gallatin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Gallatin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Gallatin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Gallatin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Gallatin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Greene	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Greene	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Greene	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Greene	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Greene	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Greene	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Greene	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Greene	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Greene	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Greene	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Greene	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Greene	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Greene	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Greene	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Greene	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Greene	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Grundy	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Grundy	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Grundy	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Grundy	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Grundy	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Grundy	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Grundy	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Grundy	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Grundy	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Grundy	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Grundy	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hamilton	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hamilton	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Hamilton	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Hamilton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hamilton	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hamilton	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hamilton	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hamilton	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hamilton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hancock	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Hancock	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hancock	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Hancock	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Hancock	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Hancock	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Hancock	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Hancock	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Hancock	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hancock	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Hancock	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hancock	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Hancock	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Hancock	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Hancock	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Hancock	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Hancock	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Hancock	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Hancock	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Hancock	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hancock	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Hancock	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Hancock	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Hancock	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Hancock	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hancock	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hancock	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hancock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Hancock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hardin	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hardin	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hardin	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Hardin	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hardin	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Hardin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hardin	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Hardin	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Hardin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hardin	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Hardin	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Hardin	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Hardin	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Hardin	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Henderson	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Henderson	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Henderson	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Henderson	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Henderson	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Henderson	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Henderson	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Henderson	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Henderson	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Henderson	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Henderson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Henderson	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Henderson	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Henderson	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Henderson	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Henderson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Henderson	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Henderson	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Henderson	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Henderson	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Henry	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Henry	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Henry	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Henry	Humana Insurance Company	Humana Gold Choice PFFS H1804-138 (H1804-138)	PFFS	\$39.00	\$25.40	\$0	Enhanced		•
Henry	Humana Insurance Company	Humana Gold Choice PFFS H1804-200 (H1804-200)	PFFS	\$59.00	\$26.40	\$0	Enhanced		•
Henry	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Henry	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Henry	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Henry	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Henry	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Henry	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Henry	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Henry	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Henry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Henry	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Henry	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Henry	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Henry	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Henry	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Henry	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Henry	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Henry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Henry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Henry	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Henry	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Henry	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Henry	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Iroquois	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Iroquois	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Iroquois	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Iroquois	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Iroquois	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Iroquois	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Iroquois	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Iroquois	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Iroquois	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Iroquois	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Iroquois	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Iroquois	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Iroquois	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Iroquois	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Iroquois	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Iroquois	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Iroquois	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Jackson	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Jackson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jackson	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Jackson	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Jackson	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Jackson	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Jackson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Jasper	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Jasper	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Jasper	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Jasper	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Jasper	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Jasper	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Jasper	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Jasper	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jasper	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Jasper	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Jasper	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Jasper	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Jasper	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Jasper	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Jasper	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jasper	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Jasper	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Jasper	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Jasper	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Jasper	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Jasper	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Jasper	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jasper	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Jasper	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•



### Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Jefferson	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jefferson	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Jefferson	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Jefferson	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Jefferson	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Jefferson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Jersey	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Jersey	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Jersey	Humana Insurance Company	Humana Gold Choice PFFS H1804-138 (H1804-138)	PFFS	\$39.00	\$25.40	\$0	Enhanced		•
Jersey	Humana Insurance Company	Humana Gold Choice PFFS H1804-200 (H1804-200)	PFFS	\$59.00	\$26.40	\$0	Enhanced		•
Jersey	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Jersey	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Jersey	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Jersey	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jersey	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jersey	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Jersey	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Jersey	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Jersey	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Jersey	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Jo Daviess	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jo Daviess	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Jo Daviess	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Jo Daviess	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Jo Daviess	Medical Associates Health Plan, Inc.	Medical Associates Advantage Plan (H1651-003)	Cost *	\$89.00					
Jo Daviess	Medical Associates Health Plan, Inc.	MAHP Medicare Community Plan (H1651-005)	Cost *	\$99.00					
Jo Daviess	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Jo Daviess	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jo Daviess	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Jo Daviess	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Jo Daviess	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Jo Daviess	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Jo Daviess	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Jo Daviess	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Jo Daviess	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jo Daviess	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Jo Daviess	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Jo Daviess	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Jo Daviess	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Jo Daviess	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Jo Daviess	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Johnson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Johnson	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Johnson	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Johnson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Johnson	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Johnson	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Johnson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Johnson	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Johnson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Johnson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Johnson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Johnson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kane	Aetna Medicare	Aetna Medicare Open Standard Plan (H5736-007)	PFFS	\$103.00	\$27.00	\$0	Enhanced	Generics	•
Kane	Aetna Medicare	Aetna Medicare Open Premier Plan (H5736-008)	PFFS	\$163.00	\$61.20	\$0	Enhanced	Generics	•
Kane	HealthSpring, Inc.	HealthSpring Advantage (H1415-009)	Local HMO *	\$0.00					
Kane	HealthSpring, Inc.	HealthSpring Advantage Basic (H1415-014)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Kane	HealthSpring, Inc.	HealthSpring Advantage PremierRx (H1415-004)	Local HMO	\$16.70	\$16.70	\$0	Enhanced	Generics	•
Kane	Humana Health Plan, Inc.	Humana Gold Plus HMO H1406-022 (H1406-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kane	Humana Health Plan, Inc.	Humana Gold Plus HMO H1406-014 (H1406-014)	Local HMO	\$89.00	\$26.10	\$0	Enhanced		•
Kane	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Kane	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Kane	Humana Insurance Company	HumanaChoicePPO PPO H1418-002 (H1418-002)	Local PPO	\$99.00	\$25.70	\$0	Enhanced		•
Kane	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Kane	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Kane	SecureHorizons	MedicareComplete Plus Plan 1 (H3887-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kane	SecureHorizons	MedicareComplete Plus Plan 2 (H3887-004)	Local HMO *	\$0.00					
Kane	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Kane	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kane	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kane	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Kane	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Kane	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Kane	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Kane	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Kankakee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Kankakee	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Kankakee	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Kankakee	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Kankakee	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Kankakee	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Kankakee	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kankakee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kankakee	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Kankakee	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Kankakee	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Kankakee	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Kankakee	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Kendall	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kendall	Humana Health Plan, Inc.	Humana Gold Plus HMO H1406-022 (H1406-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kendall	Humana Health Plan, Inc.	Humana Gold Plus HMO H1406-014 (H1406-014)	Local HMO	\$89.00	\$26.10	\$0	Enhanced		•
Kendall	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Kendall	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Kendall	Humana Insurance Company	HumanaChoicePPO PPO H1418-002 (H1418-002)	Local PPO	\$99.00	\$25.70	\$0	Enhanced		•
Kendall	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Kendall	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Kendall	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Kendall	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Kendall	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Kendall	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kendall	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kendall	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Kendall	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Kendall	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Kendall	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Kendall	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Kendall	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kendall	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kendall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kendall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Knox	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Knox	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Knox	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Knox	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Knox	OSF Care Advantage	OSF Care Advantage (H1468-005)	Local HMO *	\$54.00					
Knox	OSF Care Advantage	OSF Care Advantage Basic Rx (H1468-007)	Local HMO	\$94.00	\$40.10	\$0	Basic		•
Knox	OSF Care Advantage	OSF Care Advantage Rx (H1468-004)	Local HMO	\$129.00	\$75.30	\$0	Enhanced	Generics and Brands	•
Knox	OSF Care Advantage	OSF Care Advantage Rx Plus (H1468-006)	Local HMO	\$153.00	\$98.80	\$0	Enhanced	All Formulary Drugs	•
Knox	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Knox	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Knox	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Knox	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Knox	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Knox	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Knox	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Knox	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Knox	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Knox	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Knox	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Knox	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Knox	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Knox	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Knox	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Knox	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
La Salle	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
La Salle	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
La Salle	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
La Salle	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
La Salle	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•

# Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
La Salle	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
La Salle	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
La Salle	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
La Salle	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
La Salle	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
La Salle	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
La Salle	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
La Salle	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
La Salle	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
La Salle	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
La Salle	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lake	Aetna Medicare	Aetna Medicare Open Standard Plan (H5736-007)	PFFS	\$103.00	\$27.00	\$0	Enhanced	Generics	•
Lake	Aetna Medicare	Aetna Medicare Open Premier Plan (H5736-008)	PFFS	\$163.00	\$61.20	\$0	Enhanced	Generics	•
Lake	HealthSpring, Inc.	HealthSpring Advantage (H1415-009)	Local HMO *	\$0.00					
Lake	HealthSpring, Inc.	HealthSpring Advantage Basic (H1415-014)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Lake	HealthSpring, Inc.	HealthSpring Advantage Premier (H1415-004)	Local HMO	\$16.70	\$16.70	\$0	Enhanced	Generics	•
Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Lake	Humana Insurance Company	HumanaChoicePPO PPO H1418-002 (H1418-002)	Local PPO	\$99.00	\$25.70	\$0	Enhanced		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Lake	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Lake	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lake	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lake	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lake	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lake	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lake	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Lake	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lake	United HealthCare Insurance Company	Erickson Advantage Signature without Drugs (H3435-002)	Demo *	\$90.00					
Lake	United HealthCare Insurance Company	Erickson Advantage Signature with Drugs (H3435-001)	Demo	\$126.00	\$18.80	\$0	Enhanced		•
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lawrence	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lawrence	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Lawrence	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Lawrence	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lawrence	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lawrence	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lawrence	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lawrence	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Lawrence	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lee	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lee	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Lee	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Lee	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Lee	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Lee	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Lee	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Lee	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Lee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lee	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Lee	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Lee	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Lee	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Lee	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Livingston	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Livingston	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Livingston	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Livingston	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Livingston	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Livingston	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Livingston	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Livingston	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Livingston	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Livingston	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Livingston	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Livingston	OSF Care Advantage	OSF Care Advantage (H1468-005)	Local HMO *	\$54.00					
Livingston	OSF Care Advantage	OSF Care Advantage Basic Rx (H1468-007)	Local HMO	\$94.00	\$40.10	\$0	Basic		•
Livingston	OSF Care Advantage	OSF Care Advantage Rx (H1468-004)	Local HMO	\$129.00	\$75.30	\$0	Enhanced	Generics and Brands	•
Livingston	OSF Care Advantage	OSF Care Advantage Rx Plus (H1468-006)	Local HMO	\$153.00	\$98.80	\$0	Enhanced	All Formulary Drugs	•
Livingston	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Livingston	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Livingston	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Livingston	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Livingston	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Livingston	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Livingston	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Livingston	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Livingston	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Livingston	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Livingston	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Livingston	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Logan	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Logan	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Logan	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Logan	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Logan	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Logan	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Logan	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•



## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Logan	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Logan	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Logan	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Logan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Logan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Logan	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Logan	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Logan	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Logan	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Logan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Logan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Logan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Logan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Logan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Macon	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Macon	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Macon	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Macon	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Macon	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Macon	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Macon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Macon	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Macon	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Macon	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Macon	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Macon	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Macoupin	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Macoupin	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Macoupin	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Macoupin	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Macoupin	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Macoupin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Macoupin	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Macoupin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Macoupin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Macoupin	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Macoupin	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Macoupin	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Macoupin	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Macoupin	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Madison	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Madison	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Madison	Group Health Plan, Inc.	Advantra Option 1 (H2663-006)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Madison	Group Health Plan, Inc.	Gold Advantage Option 1 (H2663-005)	Local HMO	\$0.00	\$0.00	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Madison	Group Health Plan, Inc.	Gold Advantage Option 2 (H2663-007)	Local HMO	\$30.00	\$7.80	\$0	Basic		•
Madison	Group Health Plan, Inc.	Advantra Option 2 (H2663-002)	Local HMO	\$69.00	\$17.20	\$0	Enhanced	Generics	•
Madison	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-138 (H1804-138)	PFFS	\$39.00	\$25.40	\$0	Enhanced		•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-200 (H1804-200)	PFFS	\$59.00	\$26.40	\$0	Enhanced		•
Madison	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Madison	Mercy Health Plans, Inc.	PremierPlus - Illinois (no RX) (H2667-014)	Local HMO *	\$25.00					
Madison	Mercy Health Plans, Inc.	PremierPlus - Illinois (H2667-005)	Local HMO	\$49.00	\$0.00	\$0	Enhanced		•
Madison	SecureHorizons	MedicareComplete (H2654-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Madison	SecureHorizons	MedicareComplete Essential (H2654-020)	Local HMO *	\$0.00					
Madison	SecureHorizons	MedicareComplete Plus Plan 1 (H2654-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Madison	SecureHorizons	MedicareComplete Plus Plan 2 (H2654-022)	Local HMO *	\$0.00					
Madison	SecureHorizons	MedicareComplete Choice (H5507-001)	Local PPO	\$30.00	\$6.90	\$0	Enhanced		•
Madison	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Madison	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Madison	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Madison	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Madison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Madison	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Madison	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Madison	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Madison	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Madison	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Madison	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Madison	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Madison	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Madison	WellCare	Summit (H4577-010)	PFFS	\$211.00	\$50.10	\$0	Enhanced		•
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Marion	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Marion	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Marion	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Marion	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Marion	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Marion	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Marion	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Marshall	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Marshall	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Marshall	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Marshall	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Marshall	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Marshall	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Marshall	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Marshall	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Marshall	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marshall	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Marshall	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Marshall	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Marshall	OSF Care Advantage	OSF Care Advantage (H1468-005)	Local HMO *	\$54.00					
Marshall	OSF Care Advantage	OSF Care Advantage Basic Rx (H1468-007)	Local HMO	\$94.00	\$40.10	\$0	Basic		•
Marshall	OSF Care Advantage	OSF Care Advantage Rx (H1468-004)	Local HMO	\$129.00	\$75.30	\$0	Enhanced	Generics and Brands	•
Marshall	OSF Care Advantage	OSF Care Advantage Rx Plus (H1468-006)	Local HMO	\$153.00	\$98.80	\$0	Enhanced	All Formulary Drugs	•
Marshall	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Marshall	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Marshall	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Marshall	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Marshall	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marshall	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Marshall	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Marshall	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Marshall	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Marshall	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Marshall	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Marshall	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Marshall	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Marshall	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Marshall	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Marshall	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Marshall	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Marshall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Marshall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Marshall	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marshall	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Marshall	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Marshall	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Mason	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Mason	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Mason	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Mason	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Mason	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Mason	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Mason	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mason	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Mason	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mason	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Mason	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Mason	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Mason	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mason	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Mason	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Mason	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Mason	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Mason	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Massac	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Massac	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Massac	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Massac	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Massac	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Massac	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Massac	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Massac	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Massac	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Massac	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Massac	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Massac	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Massac	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
McDonough	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
McDonough	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
McDonough	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
McDonough	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
McDonough	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
McDonough	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
McDonough	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
McDonough	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
McDonough	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McDonough	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
McDonough	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McDonough	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
McDonough	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
McDonough	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
McDonough	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
McDonough	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
McDonough	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
McDonough	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
McDonough	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
McDonough	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McDonough	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
McDonough	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
McDonough	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
McDonough	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
McDonough	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
McDonough	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
McDonough	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
McDonough	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
McDonough	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
McHenry	Aetna Medicare	Aetna Medicare Open Standard Plan (H5736-007)	PFFS	\$103.00	\$27.00	\$0	Enhanced	Generics	•
McHenry	Aetna Medicare	Aetna Medicare Open Premier Plan (H5736-008)	PFFS	\$163.00	\$61.20	\$0	Enhanced	Generics	•
McHenry	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
McHenry	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
McHenry	Humana Insurance Company	HumanaChoicePPO PPO H1418-002 (H1418-002)	Local PPO	\$99.00	\$25.70	\$0	Enhanced		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
McHenry	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
McHenry	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
McHenry	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
McHenry	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
McHenry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McHenry	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
McHenry	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
McHenry	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
McHenry	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
McHenry	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
McLean	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
McLean	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
McLean	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
McLean	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
McLean	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
McLean	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
McLean	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
McLean	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
McLean	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
McLean	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
McLean	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
McLean	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
McLean	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
McLean	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McLean	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
McLean	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McLean	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
McLean	OSF Care Advantage	OSF Care Advantage (H1468-005)	Local HMO *	\$54.00					
McLean	OSF Care Advantage	OSF Care Advantage Basic Rx (H1468-007)	Local HMO	\$94.00	\$40.10	\$0	Basic		•
McLean	OSF Care Advantage	OSF Care Advantage Rx (H1468-004)	Local HMO	\$129.00	\$75.30	\$0	Enhanced	Generics and Brands	•
McLean	OSF Care Advantage	OSF Care Advantage Rx Plus (H1468-006)	Local HMO	\$153.00	\$98.80	\$0	Enhanced	All Formulary Drugs	•
McLean	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
McLean	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
McLean	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
McLean	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
McLean	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
McLean	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
McLean	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
McLean	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
McLean	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McLean	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
McLean	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
McLean	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
McLean	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
McLean	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Menard	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					



## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Menard	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Menard	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Menard	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Menard	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Menard	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Menard	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Menard	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Menard	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Menard	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Menard	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Menard	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Menard	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Menard	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Menard	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Menard	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Menard	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Menard	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Menard	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Menard	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Menard	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Menard	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Menard	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Menard	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Mercer	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Mercer	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-138 (H1804-138)	PFFS	\$39.00	\$25.40	\$0	Enhanced		•
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-200 (H1804-200)	PFFS	\$59.00	\$26.40	\$0	Enhanced		•
Mercer	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Mercer	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Mercer	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Mercer	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Mercer	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Mercer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Mercer	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Mercer	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Mercer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Mercer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mercer	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Mercer	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Mercer	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Mercer	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Mercer	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Mercer	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Mercer	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Mercer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Mercer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Mercer	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Mercer	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					

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Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Mercer	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Mercer	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Monroe	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Monroe	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Monroe	Essence Inc.	Essence Standard Plan (H2610-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Monroe	Essence Inc.	Essence Enhanced (H2610-006)	Local HMO	\$39.00	\$39.00	\$0	Enhanced	All Formulary Drugs	•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-138 (H1804-138)	PFFS	\$39.00	\$25.40	\$0	Enhanced		•
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-200 (H1804-200)	PFFS	\$59.00	\$26.40	\$0	Enhanced		•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Monroe	Mercy Health Plans, Inc.	PremierPlus - Illinois (no RX) (H2667-014)	Local HMO *	\$25.00					
Monroe	Mercy Health Plans, Inc.	PremierPlus - Illinois (H2667-005)	Local HMO	\$49.00	\$0.00	\$0	Enhanced		•
Monroe	SecureHorizons	MedicareComplete (H2654-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Monroe	SecureHorizons	MedicareComplete Essential (H2654-020)	Local HMO *	\$0.00					
Monroe	SecureHorizons	MedicareComplete Plus Plan 1 (H2654-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Monroe	SecureHorizons	MedicareComplete Plus Plan 2 (H2654-022)	Local HMO *	\$0.00					
Monroe	SecureHorizons	MedicareComplete Choice (H5507-001)	Local PPO	\$30.00	\$6.90	\$0	Enhanced		•
Monroe	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Monroe	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Monroe	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Monroe	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Monroe	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Monroe	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Monroe	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Monroe	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Monroe	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Monroe	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Monroe	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Monroe	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Monroe	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Monroe	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Montgomery	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Montgomery	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Montgomery	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Montgomery	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Montgomery	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Montgomery	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Montgomery	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Montgomery	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Montgomery	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Montgomery	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Montgomery	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Montgomery	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Morgan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Morgan	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Morgan	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Morgan	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Morgan	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Morgan	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Morgan	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Morgan	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Morgan	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Morgan	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Morgan	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Morgan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Morgan	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Morgan	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Morgan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Morgan	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Morgan	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Morgan	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Morgan	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Morgan	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Moultrie	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Moultrie	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Moultrie	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Moultrie	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Moultrie	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Moultrie	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Moultrie	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Moultrie	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Moultrie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Moultrie	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Moultrie	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Moultrie	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Moultrie	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Moultrie	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Moultrie	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Moultrie	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Moultrie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Moultrie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Ogle	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Ogle	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Ogle	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ogle	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Ogle	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ogle	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Ogle	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Ogle	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Ogle	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Ogle	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Ogle	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ogle	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Ogle	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Ogle	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Ogle	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Ogle	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ogle	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Ogle	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Ogle	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Ogle	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Ogle	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Ogle	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Ogle	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Ogle	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Ogle	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Ogle	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ogle	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Ogle	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Peoria	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Peoria	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Peoria	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Peoria	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Peoria	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Peoria	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Peoria	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Peoria	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Peoria	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Peoria	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Peoria	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Peoria	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Peoria	OSF Care Advantage	OSF Care Advantage (H1468-005)	Local HMO *	\$54.00					
Peoria	OSF Care Advantage	OSF Care Advantage Basic Rx (H1468-007)	Local HMO	\$94.00	\$40.10	\$0	Basic		•
Peoria	OSF Care Advantage	OSF Care Advantage Rx (H1468-004)	Local HMO	\$129.00	\$75.30	\$0	Enhanced	Generics and Brands	•
Peoria	OSF Care Advantage	OSF Care Advantage Rx Plus (H1468-006)	Local HMO	\$153.00	\$98.80	\$0	Enhanced	All Formulary Drugs	•
Peoria	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Peoria	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Peoria	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Peoria	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Peoria	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Peoria	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Peoria	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Peoria	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Peoria	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Peoria	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Peoria	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Peoria	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Peoria	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Peoria	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Peoria	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Peoria	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Peoria	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Peoria	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Peoria	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Peoria	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Peoria	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Peoria	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Peoria	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Peoria	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Peoria	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Peoria	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Perry	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Perry	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Perry	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Perry	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Perry	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Perry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Perry	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Perry	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Perry	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Perry	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Perry	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Piatt	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Piatt	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
Piatt	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Piatt	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
Piatt	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Piatt	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
Piatt	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Piatt	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Piatt	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					



## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Piatt	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
Piatt	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
Piatt	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Piatt	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Piatt	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Piatt	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Piatt	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Piatt	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Piatt	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Piatt	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Piatt	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Piatt	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Piatt	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Piatt	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Piatt	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Piatt	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Piatt	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Piatt	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Piatt	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Piatt	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Piatt	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Piatt	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Pike	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pike	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Pike	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Pike	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Pike	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Pike	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Pike	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Pike	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pike	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Pike	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pike	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Pike	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Pike	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Pike	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pike	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Pike	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Pike	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Pike	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Pike	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Pike	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pike	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pike	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pike	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pope	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pope	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Pope	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pope	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Pope	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Pope	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Pope	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Pope	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pope	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Pope	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Pope	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Pope	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Pope	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Pulaski	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pulaski	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Pulaski	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pulaski	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Pulaski	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Pulaski	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Pulaski	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pulaski	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Pulaski	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Pulaski	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Pulaski	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Pulaski	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pulaski	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pulaski	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pulaski	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pulaski	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Putnam	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Putnam	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Putnam	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Putnam	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Putnam	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Putnam	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Putnam	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Putnam	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Putnam	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Putnam	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Putnam	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Putnam	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Putnam	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Putnam	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Putnam	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Putnam	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Putnam	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Putnam	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Putnam	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Putnam	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Putnam	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Putnam	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Putnam	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Putnam	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Putnam	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Putnam	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Randolph	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Randolph	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Randolph	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Randolph	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Randolph	Mercy Health Plans, Inc.	PremierPlus - Illinois (no RX) (H2667-014)	Local HMO *	\$25.00					
Randolph	Mercy Health Plans, Inc.	PremierPlus - Illinois (H2667-005)	Local HMO	\$49.00	\$0.00	\$0	Enhanced		•
Randolph	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Randolph	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Randolph	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Randolph	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Randolph	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Randolph	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Randolph	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Randolph	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Richland	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Richland	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Richland	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Richland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Richland	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Richland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Richland	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Richland	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Richland	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Richland	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Richland	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Richland	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Richland	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Richland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Richland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Rock Island	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Rock Island	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Rock Island	Humana Insurance Company	Humana Gold Choice PFFS H1804-138 (H1804-138)	PFFS	\$39.00	\$25.40	\$0	Enhanced		•
Rock Island	Humana Insurance Company	Humana Gold Choice PFFS H1804-200 (H1804-200)	PFFS	\$59.00	\$26.40	\$0	Enhanced		•
Rock Island	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Rock Island	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Rock Island	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Rock Island	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Rock Island	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Rock Island	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Rock Island	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Rock Island	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Rock Island	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Rock Island	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Rock Island	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Rock Island	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Rock Island	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Saline	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Saline	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saline	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Saline	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Saline	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Saline	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Saline	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Saline	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Saline	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Saline	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Saline	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Saline	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Saline	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Saline	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sangamon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sangamon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Sangamon	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sangamon	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Sangamon	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sangamon	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Sangamon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sangamon	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Sangamon	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Sangamon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sangamon	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Sangamon	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Sangamon	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Sangamon	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Sangamon	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Schuyler	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Schuyler	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Schuyler	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Schuyler	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Schuyler	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Schuyler	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Schuyler	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Schuyler	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Schuyler	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Schuyler	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Schuyler	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Schuyler	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Schuyler	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Schuyler	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Schuyler	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Schuyler	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Schuyler	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Schuyler	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Schuyler	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Schuyler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Schuyler	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Schuyler	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Schuyler	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Schuyler	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Schuyler	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Schuyler	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Schuyler	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Schuyler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Schuyler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Scott	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Scott	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Scott	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Scott	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Scott	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Scott	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Scott	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Scott	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Scott	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Scott	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Scott	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Scott	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Scott	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Scott	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Scott	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Scott	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Scott	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Scott	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Scott	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Scott	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Scott	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Scott	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Scott	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Scott	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Scott	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Shelby	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Shelby	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Shelby	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Shelby	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Shelby	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Shelby	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Shelby	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Shelby	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Shelby	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					



## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Shelby	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Shelby	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Shelby	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
St. Clair	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
St. Clair	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
St. Clair	Essence Inc.	Essence Standard Plan (H2610-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Clair	Essence Inc.	Essence Enhanced (H2610-006)	Local HMO	\$39.00	\$39.00	\$0	Enhanced	All Formulary Drugs	•
St. Clair	Group Health Plan, Inc.	Advantra Option 1 (H2663-006)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
St. Clair	Group Health Plan, Inc.	Gold Advantage Option 1 (H2663-005)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
St. Clair	Group Health Plan, Inc.	Gold Advantage Option 2 (H2663-007)	Local HMO	\$30.00	\$7.80	\$0	Basic		•
St. Clair	Group Health Plan, Inc.	Advantra Option 2 (H2663-002)	Local HMO	\$69.00	\$17.20	\$0	Enhanced	Generics	•
St. Clair	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
St. Clair	Humana Insurance Company	Humana Gold Choice PFFS H1804-138 (H1804-138)	PFFS	\$39.00	\$25.40	\$0	Enhanced		•
St. Clair	Humana Insurance Company	Humana Gold Choice PFFS H1804-200 (H1804-200)	PFFS	\$59.00	\$26.40	\$0	Enhanced		•
St. Clair	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
St. Clair	Mercy Health Plans, Inc.	PremierPlus - Illinois (no RX) (H2667-014)	Local HMO *	\$25.00					
St. Clair	Mercy Health Plans, Inc.	PremierPlus - Illinois (H2667-005)	Local HMO	\$49.00	\$0.00	\$0	Enhanced		•
St. Clair	SecureHorizons	MedicareComplete (H2654-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Clair	SecureHorizons	MedicareComplete Essential (H2654-020)	Local HMO *	\$0.00					
St. Clair	SecureHorizons	MedicareComplete Plus Plan 1 (H2654-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Clair	SecureHorizons	MedicareComplete Plus Plan 2 (H2654-022)	Local HMO *	\$0.00					
St. Clair	SecureHorizons	MedicareComplete Choice (H5507-001)	Local PPO	\$30.00	\$6.90	\$0	Enhanced		•
St. Clair	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
St. Clair	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
St. Clair	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
St. Clair	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
St. Clair	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
St. Clair	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
St. Clair	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
St. Clair	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
St. Clair	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
St. Clair	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
St. Clair	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
St. Clair	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
St. Clair	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
St. Clair	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
St. Clair	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
St. Clair	WellCare	Summit (H4577-010)	PFFS	\$211.00	\$50.10	\$0	Enhanced		•
Stark	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Stark	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Stark	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stark	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Stark	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Stark	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Stark	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Stark	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Stark	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Stark	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stark	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Stark	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stark	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Stark	OSF Care Advantage	OSF Care Advantage (H1468-005)	Local HMO *	\$54.00					
Stark	OSF Care Advantage	OSF Care Advantage Basic Rx (H1468-007)	Local HMO	\$94.00	\$40.10	\$0	Basic		•
Stark	OSF Care Advantage	OSF Care Advantage Rx (H1468-004)	Local HMO	\$129.00	\$75.30	\$0	Enhanced	Generics and Brands	•
Stark	OSF Care Advantage	OSF Care Advantage Rx Plus (H1468-006)	Local HMO	\$153.00	\$98.80	\$0	Enhanced	All Formulary Drugs	•
Stark	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Stark	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Stark	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Stark	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Stark	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Stark	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Stark	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Stark	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Stark	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stark	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Stark	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Stark	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Stark	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Stark	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Stark	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Stark	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stark	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Stark	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Stark	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Stark	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Stark	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Stark	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Stark	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stark	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Stephenson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Stephenson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stephenson	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stephenson	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Stephenson	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stephenson	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Stephenson	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Stephenson	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Stephenson	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Stephenson	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Stephenson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Stephenson	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					

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\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Stephenson	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Stephenson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Stephenson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stephenson	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Stephenson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Stephenson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Stephenson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Stephenson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Stephenson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Stephenson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stephenson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Stephenson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Stephenson	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Stephenson	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Tazewell	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Tazewell	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Tazewell	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Tazewell	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Tazewell	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Tazewell	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Tazewell	OSF Care Advantage	OSF Care Advantage (H1468-005)	Local HMO *	\$54.00					
Tazewell	OSF Care Advantage	OSF Care Advantage Basic Rx (H1468-007)	Local HMO	\$94.00	\$40.10	\$0	Basic		•
Tazewell	OSF Care Advantage	OSF Care Advantage Rx (H1468-004)	Local HMO	\$129.00	\$75.30	\$0	Enhanced	Generics and Brands	•
Tazewell	OSF Care Advantage	OSF Care Advantage Rx Plus (H1468-006)	Local HMO	\$153.00	\$98.80	\$0	Enhanced	All Formulary Drugs	•
Tazewell	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Tazewell	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Tazewell	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Tazewell	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Tazewell	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Tazewell	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Tazewell	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Tazewell	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Tazewell	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Tazewell	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Tazewell	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Tazewell	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Tazewell	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Tazewell	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Tazewell	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Tazewell	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Tazewell	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Tazewell	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Tazewell	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Tazewell	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Tazewell	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Tazewell	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Tazewell	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Tazewell	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Tazewell	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Tazewell	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Tazewell	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Union	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Union	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Union	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Union	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Union	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Union	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Union	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Union	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Union	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Union	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Union	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Union	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Union	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Union	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Union	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Vermilion	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Vermilion	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Vermilion	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Vermilion	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Vermilion	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Vermilion	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Vermilion	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Vermilion	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Vermilion	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Vermilion	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Vermilion	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Vermilion	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Wabash	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wabash	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Wabash	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wabash	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Wabash	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Wabash	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wabash	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wabash	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Wabash	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Wabash	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Wabash	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Wabash	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Warren	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Warren	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Warren	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Warren	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Warren	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Warren	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Warren	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Warren	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Warren	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Warren	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Warren	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Warren	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Warren	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Warren	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Warren	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Warren	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Warren	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Warren	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Warren	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Warren	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Warren	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Warren	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Warren	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Warren	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Washington	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•



## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Washington	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Washington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Washington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washington	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Washington	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Washington	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Washington	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Washington	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Wayne	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wayne	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wayne	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Wayne	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Wayne	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wayne	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Wayne	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Wayne	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Wayne	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Wayne	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
White	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
White	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
White	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
White	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
White	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
White	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
White	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
White	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
White	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
White	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
White	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
White	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
White	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
White	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
White	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
White	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Whiteside	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Whiteside	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Whiteside	Humana Insurance Company	Humana Gold Choice PFFS H1804-138 (H1804-138)	PFFS	\$39.00	\$25.40	\$0	Enhanced		•
Whiteside	Humana Insurance Company	Humana Gold Choice PFFS H1804-200 (H1804-200)	PFFS	\$59.00	\$26.40	\$0	Enhanced		•
Whiteside	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Whiteside	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Whiteside	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•
Whiteside	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Whiteside	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Whiteside	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Whiteside	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Whiteside	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Whiteside	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Whiteside	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Whiteside	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Whiteside	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Whiteside	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Whiteside	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Whiteside	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Whiteside	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Whiteside	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Whiteside	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Whiteside	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•
Will	Aetna Medicare	Aetna Medicare Open Standard Plan (H5736-007)	PFFS	\$103.00	\$27.00	\$0	Enhanced	Generics	•
Will	Aetna Medicare	Aetna Medicare Open Premier Plan (H5736-008)	PFFS	\$163.00	\$61.20	\$0	Enhanced	Generics	•
Will	HealthSpring, Inc.	HealthSpring Advantage (H1415-009)	Local HMO *	\$0.00					
Will	HealthSpring, Inc.	HealthSpring Advantage Basic (H1415-014)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Will	HealthSpring, Inc.	HealthSpring Advantage PremieRx (H1415-004)	Local HMO	\$16.70	\$16.70	\$0	Enhanced	Generics	•
Will	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Will	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Will	Humana Insurance Company	HumanaChoicePPO PPO H1418-002 (H1418-002)	Local PPO	\$99.00	\$25.70	\$0	Enhanced		•
Will	Humana Insurance Company	Humana Gold Choice PFFS H1804-125 (H1804-125)	PFFS	\$109.00	\$22.90	\$0	Enhanced		•
Will	Humana Insurance Company	Humana Gold Choice PFFS H1804-198 (H1804-198)	PFFS	\$129.00	\$24.30	\$0	Enhanced		•
Will	SecureHorizons	MedicareComplete Plus Plan 1 (H3887-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Will	SecureHorizons	MedicareComplete Plus Plan 2 (H3887-004)	Local HMO *	\$0.00					
Will	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Will	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Will	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Will	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Will	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Will	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Will	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Will	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Will	WellCare	WellCare Choice (H1416-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Will	WellCare	WellCare Value (H1416-009)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Williamson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Williamson	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Williamson	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Williamson	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Williamson	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Williamson	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Williamson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Williamson	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Williamson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Williamson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Williamson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Williamson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Winnebago	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Winnebago	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Winnebago	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Winnebago	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Winnebago	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Winnebago	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Winnebago	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Winnebago	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•

## Illinois 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Winnebago	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Winnebago	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Winnebago	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Winnebago	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Winnebago	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Winnebago	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Winnebago	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Winnebago	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Winnebago	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Winnebago	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Winnebago	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Winnebago	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Winnebago	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Winnebago	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Winnebago	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Winnebago	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Winnebago	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Winnebago	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Winnebago	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Winnebago	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Woodford	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Woodford	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Woodford	Health Alliance Medical Plans	Health Alliance Medicare HMO30 (H1463-002)	Local HMO *	\$51.00					
Woodford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 (H1417-003)	Local PPO *	\$51.00					
Woodford	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx (H1463-004)	Local HMO	\$88.20	\$30.30	\$0	Basic		•
Woodford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (H1417-004)	Local PPO	\$88.20	\$30.30	\$0	Basic		•
Woodford	Health Alliance Medical Plans	Health Alliance Medicare HMO20 (H1463-001)	Local HMO *	\$91.00					
Woodford	Health Alliance Medical Plans	Health Alliance Medicare HMO30 Rx Plus (H1463-006)	Local HMO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Woodford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx Plus (H1417-006)	Local PPO	\$97.10	\$39.20	\$0	Enhanced	Generics	•
Woodford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 (H1417-001)	Local PPO *	\$101.00					
Woodford	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (H1463-003)	Local HMO	\$128.20	\$30.30	\$0	Basic		•
Woodford	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx Plus (H1463-005)	Local HMO	\$137.10	\$39.20	\$0	Enhanced	Generics	•
Woodford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (H1417-002)	Local PPO	\$138.20	\$30.30	\$0	Basic		•
Woodford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx Plus (H1417-005)	Local PPO	\$147.10	\$39.20	\$0	Enhanced	Generics	•
Woodford	Humana Insurance Company	Humana Gold Choice PFFS H1804-137 (H1804-137)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Woodford	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Woodford	Humana Insurance Company	Humana Gold Choice PFFS H1804-199 (H1804-199)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Woodford	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Woodford	OSF Care Advantage	OSF Care Advantage (H1468-005)	Local HMO *	\$54.00					
Woodford	OSF Care Advantage	OSF Care Advantage Basic Rx (H1468-007)	Local HMO	\$94.00	\$40.10	\$0	Basic		•
Woodford	OSF Care Advantage	OSF Care Advantage Rx (H1468-004)	Local HMO	\$129.00	\$75.30	\$0	Enhanced	Generics and Brands	•
Woodford	OSF Care Advantage	OSF Care Advantage Rx Plus (H1468-006)	Local HMO	\$153.00	\$98.80	\$0	Enhanced	All Formulary Drugs	•
Woodford	OSF Care Preferred	OSF Care Preferred (H5525-002)	Local PPO *	\$53.00					
Woodford	OSF Care Preferred	OSF Care Preferred Basic Rx (H5525-004)	Local PPO	\$93.00	\$39.50	\$0	Basic		•

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Woodford	OSF Care Preferred	OSF Care Preferred Rx (H5525-001)	Local PPO	\$128.00	\$75.10	\$0	Enhanced	Generics and Brands	•
Woodford	OSF Care Preferred	OSF Care Preferred Rx Plus (H5525-003)	Local PPO	\$168.00	\$93.80	\$0	Enhanced	Generics and Brands	•
Woodford	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Woodford	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Woodford	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Woodford	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Woodford	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Woodford	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Woodford	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Woodford	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Woodford	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Woodford	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Woodford	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Woodford	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Woodford	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Woodford	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Woodford	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Woodford	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Woodford	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plan 1 (H4456-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Woodford	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Essential (H4456-016)	Local HMO *	\$56.00					
Woodford	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus 15 (H4456-015)	Local HMO	\$78.00	\$13.40	\$0	Enhanced		•
Woodford	UnitedHealthcare Plan of the River Valley, Inc.	MedicareComplete Plus Prime (H4456-017)	Local HMO	\$113.00	\$10.80	\$0	Enhanced		•